NEVADA | 2027

Summary of Benefits

Select Health Medicare Wellness (HMO) 044

This Summary of Benefits covers services from January 1, 2027 through December 31, 2027.

About this document

This Summary of Benefits helps you understand what this plan covers and what you may pay. It does not list every covered service or every limitation or exclusion.

For complete details about covered services, costs, limitations, and exclusions, please review the **Evidence of Coverage (EOC)**.

Who can join

To join this plan, you must be enrolled in Medicare Part A and Part B and live in the plan's service area.

Service area for plan 044 includes: Clark and Nye counties in Nevada.

What is an HMO plan?

A Health Maintenance Organization (HMO) Medicare Advantage plan uses a network of doctors, hospitals, pharmacies, and other healthcare providers.

With Select Health Medicare (HMO) plans, you must receive care from providers in the Select Health Medicare network, except in emergencies or when you need urgent care outside the service area. Non emergency care received from out of network providers may not be covered.

Nevada members can see in-network providers throughout Nevada and Utah.

To find the most up-to-date list of in-network doctors and pharmacies, visit **selecthealth.org/find-care** or call us to request a printed directory.

Original Medicare information

For coverage and costs of Original Medicare, consult your **Medicare & You** handbook. View it online at **medicare.gov**, or request a copy by calling Original Medicare at **1-800-633-4227 (TTY: 1-877-486-2048)**.

How to Contact Us

Call: **855-442-9940** (**TTY: 866-506-6005**)

Online: **selecthealth.org/medicare/request-information**

Hours of operation:

October 1 – March 31:
Monday–Sunday, 8:00 a.m. to 8:00 p.m.

April 1 – September 30:
Weekdays, 8:00 a.m. to 8:00 p.m., closed weekends

Outside of these hours, please leave a message and your call will be returned within one business day.

Select Health

Select Health Medicare Wellness (HMO) 044

H1994-044
Clark and Nye counties in Nevada.

BENEFIT	COST
Medical premium, deductible, and limits	
Monthly plan premium	$0
Medical deductible	$0
Member out-of-pocket maximum *This is the most you will pay each year for Medicare-covered medical services and supplies received from network providers. After you reach this limit, the plan covers 100% of covered medical costs for the rest of the year. Monthly premiums still apply.* *Part D prescription drug costs, as well as comprehensive dental and hearing aid copays, do not count toward this limit.*	$1,500
Medical benefits	
Inpatient hospital coverage* *Copays start over each time you are admitted as an inpatient.*	
Days 1 - 5	$50 copay per day
Days 6 +	$0 copay per day
Outpatient hospital coverage*	
Outpatient surgery	$0 copay
Ambulatory surgical center*	$0 copay
Doctor's office visits	
Primary care provider	$0 copay
Telehealth visit with a primary care provider	$0 copay
Specialist *Referrals are required to see a specialist.*	$0 copay
Telehealth visit with a specialist	$0 copay
Preventive care	
Annual physical/comprehensive wellness visit	$0 copay
Medicare-covered preventive services *For a complete list of preventive services available, see the EOC.* *Some covered services may have an associated cost.*	$0 copay

**Prior authorization may be required.*

Emergency care (worldwide) Copay is waived if you are admitted to the hospital within 24 hours.	$150 copay
Urgently needed services (worldwide) *No extra charges for labs and/or x-rays.* *Copay is waived if you are admitted to the ER or hospital within 24 hours.*	$25 copay
Virtual urgent care *Visit with a provider through video chat for urgent non-emergency medical needs.*	$0 copay
Diagnostic services, labs, and imaging* *Only one copay applies when multiple tests are performed during the same visit. Primary care or specialist copays may also apply.*	
Diagnostic tests and procedures	$0 copay
Routine lab services	$0 copay
Outpatient x-rays	$10 copay
Diagnostic radiology services (e.g., MRIs, CT scans)	$75 copay
Therapeutic radiology services	20% coinsurance
Hearing services Provided through TruHearing	
Medicare-covered hearing exam related to a medical condition	$0 copay
Routine hearing exam *One per year.*	$0 copay
Hearing aids *Hearing aids provided through TruHearing. Copays do not apply to the annual member out-of-pocket maximum.*	
Tier 1: Advanced Hearing Aids	$699 per aid
Tier 2: Premium Hearing Aids	$999 per aid
Dental services Provided through HRI Dental.	
Medicare-covered dental services related to a medical condition.*	$0 copay
Maximum plan payment benefit *Includes preventive dental.*	$1,500
Comprehensive dental	
Preventive dental services *Includes two exams, two cleanings, two bitewing x-rays, two fluoride treatments each year, and one panoramic x-ray every 36 months.*	$0 copay

**Prior authorization may be required.*

Medical benefits	
Basic dental services *Includes endodontic, and periodontic services.*	50% coinsurance
Major dental services *Includes restorative, prosthodontic services, maxillofacial prosthetics, oral and maxillofacial surgery, and adjunctive general services.*	50% coinsurance
Vision services Provided through EyeMed	
Medicare-covered eye exam related to a medical condition	$0 copay
Medicare-covered eyeglasses or contact lenses after cataract surgery*	$0 copay
Routine and/or preventive eye exam *One per year.*	$0 copay
Vision test for prescriptions *Test must be performed by an EyeMed provider, or a copay may apply.*	$0 - $20 copay
Frames with lenses or contact lenses	$150 allowance
Mental health services*	
Inpatient mental health services	
Days 1 - 10	$120 copay
Days 11 - 90	$0 copay
Outpatient mental health services	
Individual therapy	$15 copay
Group therapy	$10 copay
Skilled nursing facility (SNF)* *Plan covers up to 100 days in a SNF, no prior hospital stay required.*	
Days 1 - 20	$20 copay
Days 21 - 100	$221 copay
Rehabilitation services* (Outpatient)	
Physical, speech and occupational therapy visits	$0 copay
Cardiac rehab services	$10 copay
Pulmonary rehab services	$10 copay
Ambulance (worldwide)* *Prior authorization only required for non-emergency transfers.*	
Ground service (One way trip)	$300 copay

**Prior authorization may be required.*

Air service (One way trip)	20% coinsurance
Transportation (Non-Emergent Medical Transportation) Provided through LifeTrans. *Rides to doctor appointments, clinics, and pharmacies.*	$0 copay for 12 one-way trips
Medicare Part B Drugs* *Includes chemotherapy drugs, biologics, and other Part B drugs.*	0-20% coinsurance
Insulin for use with insulin pumps	0-20% coinsurance up to max $35 copay per month

Other benefits

Over-the-counter (OTC) Allowance to pay for OTC items. Amounts do not roll over.	$110 per quarter
Wellness your way Allowance to pay for approved wellness services such as gym/health club memberships, health education, nutritional benefits, and weight management programs. Amounts do not roll over.	$360 per year
Acupuncture (Medicare covered)	$0 copay
Chiropractic care	$20 copay
Foot care (podiatry services)	
Medicare-covered foot exams and treatment for services.	$0 copay
Routine foot care *Preventive foot care services such as trimming nails or removing corns, calluses, or warts, up to six visits per year.*	$0 copay
Home health care*	$0 copay
Hospice (Medicare-approved)	Covered by Original Medicare
Meals after discharge* *After discharge from an inpatient acute hospital or skilled nursing facility.*	$0 copay, up to 14 days (2 meals per day)
Medical equipment and supplies*	
Crutches, canes, and walkers	$0 copay
All other durable medical equipment (e.g., wheelchairs, oxygen, etc.)	20% coinsurance
Prosthetic devices and supplies (e.g., braces, artificial limbs, etc.)	20% coinsurance

**Prior authorization may be required.*

Other benefits

Renal dialysis *Including services and supplies for home dialysis.*	20% coinsurance
Substance abuse* (outpatient)	
Individual therapy	$25 copay
Group therapy	$15 copay

Prescription benefits

The cost-sharing table below shows what you will pay for prescriptions during the Initial Coverage Stage after meeting the annual pharmacy deductible, or when filling a Tier 1 or Tier 2 drug. The pharmacy deductible does not apply to Tier 1 or Tier 2 drugs.

During the Initial Coverage Stage, you pay your copay and the plan pays the rest, until your year-to-date prescription drug costs reach the Medicare-set $2,400 out-of-pocket amount. At that point, you move to the Catastrophic Coverage Stage.

During the Catastrophic Coverage Stage, the plan pays the full cost of covered drugs for the rest of the calendar year. You pay nothing.

Pharmacy deductible		
Tier 1 and 2 (Generics)	$0	
Tiers 3, 4, and 5 (Brands)	$300	
Cost-sharing	**Standard retail supply**	**Mail-order**
	30-Day | 60-Day | 100-Day	30-Day | 60-Day | 100-Day
Tier 1 (Preferred Generic)	$0 | $0 | $0	$0 | $0 | $0
	30-Day | 60-Day | 90-Day	30-Day | 60-Day | 90-Day
Tier 2 (Generic)	$2 | $4 | $6	$0 | $0 | $0
Tier 3 (Preferred Brand)	25% | 25% | 25%	25% | 25% | 25%
Tier 4 (Nonpreferred Drugs)	33% | 33% | 33%	33% | 33% | 33%
Tier 5 (Specialty Tier)	30% | N/A | N/A	30% | N/A | N/A

Please see the Evidence of Coverage (EOC) for information about cost-sharing differences based on pharmacy status, mail-order, long-term care (LTC) or home infusion, and 30, 60, 90, or 100-day medication supplies.

**Prior authorization may be required.*

How we help members manage prescription drug costs

Diabetes drugs

Select diabetes drugs on Tiers 1 and 2 are covered at little or no cost to you. Covered insulin is available at no more than $35 for a 30-day supply.

180-day refills on Tier 1 prescription drugs

Members can request a 180-day (6-month) refill on select Tier 1 prescriptions.

Intermountain Home Delivery Pharmacy

Get prescriptions delivered to your door at no extra cost with Intermountain Health Home Delivery Pharmacy. Some restrictions may apply.

Rx Savings Solutions

Members have access to Rx Savings Solutions to help find savings on prescriptions.

Cost Plus Drug

Cost Plus Drug Company offers hundreds of common generic drugs at low prices, shipped directly to your door.

Important information about vaccine costs

Our plan covers the same Part D vaccines as Original Medicare and at the same costs. For more information about Original Medicare coverage and costs, refer to your Medicare & You handbook. You can view it online at **medicare.gov** or request a copy by calling Original Medicare at **1-800-633-4227 (TTY: 1-877-486-2048)** 24 hours a day, 7 days a week.

Notes

**Prior authorization may be required.*

Additional Benefits

The Select Health Medicare Wellness (HMO) 044 plan comes with these additional benefits.

Hearing

We cover diagnostic hearing and balance evaluations, and have multiple hearing aid benefit tiers through TruHearing.

IMPORTANT: Copays are per hearing aid. Hearing aid copays do not go toward the Member Out-of-Pocket Maximum.

Hearing Benefit	Amount
Routine hearing exam (one per year)	$0 copay
Tier 1: Advanced Hearing Aid	$699 per aid
Tier 2: Premium Hearing Aid	$999 per aid

Dental

This plan includes $1,500 of preventive, basic, and major dental services at no additional cost through HRI Dental.

Dental Benefit	Amount
Maximum plan payment benefit	$1,500
Preventive dental services: Two exams, two cleanings, two bitewing x-rays every year, and two fluoride treatments each year, plus one panoramic x-ray every 36 months.	$0 copay
Basic dental services Includes endodontic and periodontic services. **Major dental services** Includes restorative, prosthodontic services, maxillofacial prosthetics, oral and maxillofacial surgery, and adjunctive general services.	50% coinsurance

Vision

This plan covers vision services, including eye exams, and provides a $150 yearly allowance for frames or contact lenses.

The benefit is administered through the EyeMed Access network.

Over-The-Counter

Receive a $110 quarterly allowance to purchase over-the-counter items such as:

- Pain relievers
- Vitamins and minerals (e.g., fish oil, calcium, multivitamins)
- Bandages and antibiotic ointment
- Toothbrushes, toothpaste, and dental floss
- Cough drops
- Cotton swabs
- Antacids
- Lotion
- Eye drops
- First aid supplies ...and more

Wellness Your Way

Receive a $360 yearly allowance to pay for approved activities or services such as:

- Physical activities
- Athletic clubs
- League fees
- Virtual monthly fitness memberships
- Memory fitness
- Weight management
- Health education classes
- Nutrition and dietary programs

Transportation

Use up to 12 one-way trips each year for non-emergency medical transportation to doctor appointments, clinics, and pharmacies. Provided through LifeTrans.

Healthy Living Rewards

You can earn up to $320 a year by completing a variety of wellness activities.

The best part is that you'll earn reward dollars for every activity you are eligible to complete. Your earned reward dollars will be added to your Healthy Rewards allowance. The amount of rewards you earn will depend on the activity you complete.

You can use your Healthy Rewards allowance for a variety of wellness-related items and experiences such as fitness equipment, wellness services, home essentials, wearable technology, dining out, and more.



Select Health is an HMO and SNP plan sponsor with a Medicare contract. Enrollment in Select Health Medicare depends on contract renewal.

Notice of Nondiscrimination

Select Health obeys Federal civil rights laws. We do not treat you differently because of your race, color, ethnic background or where you come from, age, disability, sex, religion, creed, language, social class, veteran status, and/or any other characteristic protected by applicable federal or state law.

We provide free:

- Aid to those with disabilities to help them talk with us. This may be sign language interpreters or info in other formats (large print, audio, electronic).
- Help for those whose first language is not English, such as interpreters or member materials in other languages.

Need help? Call:

- Select Health Member Services: **1-800-538-5038 (TTY: 711)**
- Select Health Medicare Member Services: **1-855-442-9900 (TTY: 711)**
- Select Health Medicaid Member Services: **1-855-442-3234 (TTY: 711)**
- Select Health FEHB Member Services: **1-844-345-3342 (TTY: 711)**

If you feel you've been treated unfairly, you can reach the Select Health 504/Civil Rights Coordinator by:

Phone: **1-844-208-9012 (TTY Users: 711)**;
Compliance Hotline: **1-800-442-4845**

Mail: Select Health (Attn: Civil Rights Coordinator)
5381 South Green Street
Murray, UT 84123

Email: **ContactCompliance@imail.org**

You may also contact the Office for Civil Rights at:

Online: **ocrportal.hhs.gov/ocr/smartscreen/main.jsf**

Phone: **1-800-368-1019**; TTY Users: **1-800-537-7697**

Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW, Room 509F,
HHH Building, Washington, D.C. 20201

HHS complaint forms are available at:
hhs.gov/ocr/complaints/index.html

This notice is available at: **selecthealth.org/disclaimers/non-discrimination**

Notice of Availability

ATTENTION: We provide free language assistance services. We also offer free auxiliary aids and services when needed. Call **1-800-538-5038 (TTY Users: 711)**.

ATENCIÓN: Ofrecemos servicios gratuitos de asistencia con el idioma. También brindamos servicios y ayudas auxiliares gratuitos cuando los necesite. Llame a Select Health.

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注意：我們提供免費的語言協助服務。如有需要，我們也免費提供輔助工具及服務。請致電 Select Health。

CHÚ Ý: Chúng tôi cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí. Chúng tôi cũng cung cấp miễn phí các phương tiện và dịch vụ hỗ trợ bổ sung khi cần. Gọi Select Health.

알림: 저희는 무료 언어 지원 서비스와 필요한 경우 무료 보조 장비 및 서비스를 제공하고 있습니다. Select Health로 전화해 주십시오.

ध्यान दिनुहोस्: हामी भाषासम्बन्धी सहायता सेवा निःशुल्क रूपमा प्रदान गर्छौं। आवश्यक परेमा निःशुल्क सहायक सामग्री तथा सेवाहरू पनि उपलब्ध गराउँछौं। Select Health मा फोन गर्नुहोस्।

PAUNAWA: Nagbibigay kami ng mga serbisyo ng tulong sa wika nang walang bayad. Nag-aalok din kami ng mga karagdagang tulong at serbisyo (auxiliary aids) nang walang bayad kung kinakailangan. Tumawag sa Select Health.

ACHTUNG: Wir bieten kostenlose Sprachunterstützung an. Bei Bedarf stellen wir Ihnen auch kostenlose Hilfsmittel und Dienstleistungen zur Verfügung. Rufen Sie Select Health an.

ВНИМАНИЕ. Мы предоставляем бесплатные услуги языковой поддержки. При необходимости мы также предлагаем бесплатные вспомогательные средства и услуги. Позвоните в Select Health.

ATTENTION : Nous fournissons des services d'assistance linguistique gratuits. Nous offrons également des aides et services auxiliaires gratuits en cas de besoin. Appelez Select Health.

注意事項：無料の言語支援サービスを提供しています。また、必要に応じて無料の補助的手段やサービスも提供しています。Select Healthまでお電話ください。

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ПАЖЊА: Ако говорите српски, бићe вам доступне бесплатне услуге језичке подршке. Такође пружамо бесплатна помоћна средства и услуге када су потребни. Контактирајте Select Health.

تنبيه: نقدم خدمات المساعدة اللغوية مجانًا. كما نوفر وسائل وخدمات مساعدة مجانية عند الحاجة. يُرجى الاتصال بـ Select Health.

توجه: ما خدمات رایگان کمک زبانی ارائه می‌کنیم. همچنین، در صورت نیاز، خدمات و تجهیزات کمکی رایگان ارائه می‌دهیم. با Select Health تماس بگیرید.

โปรดทราบ: เราให้บริการช่วยเหลือด้านภาษาฟรี นอกจากนี้เรายังมีบริการและอุปกรณ์ช่วยเหลือเพิ่มเติมฟรีเมื่อจำเป็น โทรติดต่อ Select Health

Select Health: 1-800-538-5038 (TTY Users: 711)